

CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./DIV. CODE CAN		2. PERSON REPRESENTED ALVAREZ-LOPEZ, JAIME		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR-07-00715-DLJ		5. APPEALS. DKT./DEF. NUMBER	
6. OTHER DET NUMBER		7. IN CASE/MATTER OF (Case Name) UNITED STATES v. ALVAREZ-LOPEZ		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appointee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Appointee		10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 8:1325(A)					
12. ATTORNEY'S NAME / First Name, M. L., Last Name, including any suffix, AND MAILING ADDRESS RANDALL G. KNOX 870 MARKET ST., STE. 1152 SAN FRANCISCO, CA 94102 Telephone Number 415-765-7500			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____ Man. Judge/Pres. _____ Signature Of Presiding Judicial Officer or By Order Of the Court _____ 11/13/2007 11/13/2007 Date Of Order Name Pres Time Date Reimbursement or partial reimbursement ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					

		CATEGORIES (attached transmission of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15.	a. Arraignment And/or Plea					
		b. Bail And Detention Hearings					
		c. Motion Hearings					
		d. Trial					
		e. Sentencing Hearings					
		f. Revocation Hearings					
		g. Appeals Court					
		h. Other (Specify On Additional Sheets)					
		(RATE PER HOUR =) TOTALS:					
Out Of Court	16.	a. Interview and conferences					
		b. Obtaining and reviewing records					
		c. Legal research and brief writing					
		d. Travel time					
		e. Investigative and other work (Specify on additional sheets)					
		(RATE PER HOUR =) TOTALS:					
	17.	Travel Expenses (Lodging, parking, meals, mileage, etc.)					
	18.	Other Expenses (other than expert, transcripts, etc.)					
		GRAND TOTALS (CLAIMED AND ADJUSTED)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
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22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO

Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature Of Attorney _____

Date _____

ATTORNEY FOR FEE AMOUNT - COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOT. AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	
29A. JUDGE/MAG CODE					
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	
34A. JUDGE CODE					